MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-014130

STATE FILE NUMBER

FILED MAR 18 1963

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 854

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1466		
2	4106		
3			
4	6		
5	0		
6			
7	0		
8	2		
9	7542		
10			
11			
12	90-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH — a. COUNTY: St. Louis; 8631 North Ave. University City, Mo.
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 8631 NORTH AVE — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) — a. STATE: Mo — b. COUNTY: St. Louis
c. CITY OR TOWN: — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 8631 North Ave. University, City, Mo. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
Shawn	Patrick	Delaney	Mar.	10	63

5. SEX	6. COLOR OR RACE	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HR Hours / Min.
Male	White		11-6-62	4 months		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
	—	St. Louis County, Mo.	U.S.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Thomas F. Delaney	Sally L. Pierce	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Thomas F. Delaney — Address: 12008 Old St. Charles Rock Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Heart Failure — Mong. Sism.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congenital Heart Disease.
DUE TO (c): Probable I.V. Septal defect

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ — 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-6-62 to 3-10-63 and last saw her/him alive on 3-10-63
Death occurred at ____m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A.M. Mizure M.D. — 22b. ADDRESS: 950 Francis Pl. — 22c. DATE SIGNED: 3-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — 23b. DATE: 3-12-63 — 23c. NAME OF CEMETERY OR CREMATORY: Calvary — 23d. LOCATION (City, town, or county) (State): St. LOuis, Mo

24. FUNERAL DIRECTOR — ADDRESS: Kriegshauser West 9450 Olive St. Rd. — 25. DATE RECD. BY LOCAL REG.: 3-11-63 — 26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

950 Francis Place
St. McClure.
Parish

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ____________________, Student Embalmer No.________

working under my personal supervision.

Student____________________
Signature of Student Embalmer

Signed William C. White

Licensed Embalmer No. 4291

P. O. Address 4428 So Kingshighway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.